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RESPECT, VALUE, SERVICE

Questions & Answers
METNET Training
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Q1: Is there a directive that First Health changes what they do regarding what their PA - i.e. group therapy, in the past, has not required a PA

A1: Group therapy is provided in CSCT. If there is a need for a child enrolled in CSCT to receive concurrent group therapy outside of the CSCT program, the service must have prior approval. This does not change procedures for youth not enrolled in CSCT who received group therapy.

Q2: Question related to CSCT services not being included in a child's IEP.

A2: Many children receiving CSCT services may not qualify for special education services. However, if a child does qualify, then that child's CSCT services can be written into the IEP. In this case, OPI certifies to match for reimbursements made for those children for CSCT services. DPHHS and OPI opened this service to students who do not qualify for special education services because people indicated that there are many children that need CSCT who are not eligible under special education. Schools are required to certify to match at the local level for CSCT service not written into the IEP.

Q3: If CSCT services are listed in the IEP and the program is not available, does this mean the school guarantees the services will be available?

A3: The services are guaranteed by the school to be provided when they are written into the child's IEP. The department feels that the CSCT program is structured with a sound foundation that when the service is written into the IEP, the program will still be there. It isn't necessary to label the IEP service as "CSCT", but the IEP team should describe the services that will be provided to the child that are included in a CSCT program, i.e. counseling, behavioral management etc.

Q4: Is there a circumstance where CSCT is offered through a cooperative?

A4: Yes, as long as the cooperative is also a licensed mental health center or contracts with a licensed mental health center. A CSCT team (or teams) in the individual schools provides CSCT services to children. Quality assurance is a high priority and serving children in multiple schools presents a challenge to maintaining the integrity of a program. For purposes of reference, the department does not expect to see a team providing services to more than 12 children consistently each month. The department realizes there may be times this will happen, but doesn't expect to find a program team consistently providing services to 14-20 children in any given month.

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Q5: What are the highlights of the rule change?

A5: Formalizing program approval by requiring the licensed mental health center in obtaining an endorsement on their current license by the Licensing Bureau; Prior authorization requirements for outpatient mental health services provided concurrently with CSCT services; Formalizing in-training practitioner by including in the rules; Requiring at least 18 hours of annual training for team members related to treatment of children that includes positive behavioral intervention planning and support, classroom and child or adolescent management techniques, evidence and research-based behavior interventions and practices, therapeutic de-escalation or crisis situations and physical and nonphysical methods of managing children and adolescents; Meetings, every 90 days during time period CSCT is provided, between school and CSCT staff to assess effectiveness of the program.

Q6: Clarify full-time equivalent.

A6: A full time equivalent employee is one who works a 40-hour week (ARM 37.27.102), changed from the 2080 hours per year that was in the proposed rule language.

Q7: Outpatient therapy – services provided in September, would those services be honored, will there be a transition period for the prior authorization process?

A7: At this time the Bureau will honor those outpatient services provided in September. The department realizes the rule was effective September 1, 2005 but finalized September 22, 2005. The department wants to allow as smooth transition from previous rules to current rules as possible. Those who have received a prior authorization and provided a service prior to that date will be paid on the basis that a service authorized in late September was probably appropriate in early September. CSCT programs need to be contacting therapists in their area to ensure outpatient services are coordinated with CSCT services and are consistent with the provisions in administrative rule.

Q8: Can CSCT and outpatient services be provided on different days?

A8: No. Outpatient services can be provided only when they are a concurrent service with prior approval (ARM 37.88.101).

Q9: Lou Thompson had written a letter that indicated they still have intensive TFC, but intensive TFC services was eliminated.

A9: Question #9 relates to therapeutic family care, which is a different program, and will not be answered in the CSCT forum.

Q10: Regarding the prior authorization process for outpatient therapists, has the medically necessary guidelines been developed along with forms?

A10: At this time, the form to be used is the form currently utilized for continued stays. Make note that the prior authorization is requested because the child is also receiving CSCT services. Tim, from First Health, will be developing a form for the services provided concurrently with CSCT. Medical necessity will be reviewed regarding reason(s) why services are requested, why CSCT can't meet additional needs, why addition services are needed. Don't use 'because child has been seen by me for the past X amount of time'. Tim added that he would include a checkbox on the form that a child is receiving CSCT. Outpatient guidelines for medical necessity remain the same.

Q11: Does it seem necessary that CSCT services require PA if it is an intensive comprehensive service?

A11: No - CSCT services do not require prior authorization; a child is referred to this service by a teacher or other appropriate school staff or by a mental health provider.

Q12: Why aren't formal youth case management services required prior to offering CSCT services?

A12: Because the department does not think case management services are necessary for CSCT. Secondly, CSCT services are expected to be coordinated with all other services being provided to the child by the CSCT team.

Q13: If CSCT services are comprehensive in nature, why can it be left to the discretion of the provider as to whether they are provided during the summer? What if the guardian demands the service be provided during the summer, alternative services are not acceptable, and the provider says not?

A13: The CSCT services are voluntary on the part of the school. The school determines whether or not they will have staff available during the summer to assist in supporting CSCT services. The school is also responsible for certifying to match for reimbursements made. There may not be sufficient staff or funds by the school during the summer months to support the CSCT program. Therefore, it is solely the schools decision to operate a CSCT program when school is in session or not in session.

Q14: During CSCT referral process, is there a form available to complete?

A14: The Department provides no form – therapists and CSCT providers usually ask the client if they are receiving other mental health services. Following HIPAA guidelines, providers should be informed that a referral has been made to CSCT so that all members of the treatment team can meet to determine best course of treatment for the child. The process is one of dialogue and communication with all parties involved, including parents. During the referral process, it is necessary to assess what services, if any, are being provided.

Q15: If a therapist has been providing services, and the child has been referred to CSCT, does CSCT continue to utilize the therapist's treatment plan?

A15: The treatment of the child should be based on an integrated treatment plan in which the independent therapist and CSCT team and the parents/guardians have agreed to their respected roles and expected outcomes.

Q16: Since CSCT is a school program, how do we define continuity of care, especially with the break in service in summer?

A16: The school determines if there is a summer program or not and, following HIPAA guidelines, may refer the child to outpatient services along with the treatment team, may decide how to proceed. Families may choose not to have their child in CSCT in summer. The Department established this policy to assure flexibility in the program and provide a proportionate team requirement, i.e. partial program where there may not be a full program, may have fewer children

than when school is in session. This flexibility was provided to encourage, but not require, summer CSCT programs.

Q17: Where is notification Pete had indicated he would post in claim jumper related to PA?

A17: Introduction to the proposed rules was included in the July Claim Jumper. An new article is included on the provider website, www.mt.medicaid.org under Other Resources for Licensed Clinical Professional Counselors, Licensed Social Workers, Licensed Psychologists and Mental Health Centers as well as the upcoming November Claim Jumper.